THE MINISTER OF STATE IN *THE* DEPARTMENT OF SURFACE I TRANSFORT (SHRl RAJESH PILOT): (a) Yes, Sir.

(b) The State Government have as ked for an enhanceraan; of loan assis tance beyond Rs. 150 crores agreed to in 198S.

(c) The Second Hooghly Bridge under construction falls on State road and is primarily the c.mcern of the West Bengal Government. The Go- ver anient of India had agreed in 1933 to a grant of loan assistance of Rs. 150 crores for this project as a very speciai case. This was subject to the condition that cost over runs, if any, beyond Rs. 150 crores would be met by the State Government from their own resources.

Circulation of Spurious Drugs

@2453-B. SHRI SHANTIMOY GHOSH; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether according to the Indian Medical Association over 10 per cent of the drugs being sold in the country are spurious:

(b) if so, how this is being allowed by the concerned authorities .respon sible for controlling drugs; and

fc) how the Government is considering to improve the situation?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR): (a) According to the report appeared in the 'Patriot' dated 15-1-86, over 10 per cent of the drugs being sold are spurious.

(b) Under the provisions of the Drugs and Cosmetics Act and Rules made,, thereunder, control over the manufacture and sale of drugs is ex- ercised by the State Drug Control Autnorities. Action to dated the p o-duction and distribution of spurious drugs has, therefore, mainly ;o be taken by them. If a case of manufacture or sale of spurious drugs is detected the State Drugs Authorities take action to seize the spurious drugs and launch prosecution against the involved persons.

(c) To tackle the probIem of substandard drugs, the Governrnent set up a Task Force which recommended that: i

(1) every drug manufac airing unit should have minimum testing facilities.

(2) strict control over licensing of drug formulations.

(3) strengthening of the Inspectorate staff in the States.

(4) establishment of a separate intelligence machinery to tackle the problem of manufacture and sale of spurious drugs.

(5) constitution of special courts to deal with the offences under Drugs and Cosmetics Act.

Its recommendations were communicated io the State Governments and State Governments have been requested repeatedly to give effect to the recommendations. A pro-forma has been prescribed for monthly submission of reports by the State Drug Controllers and the State Governments have been requested to send monlhly reports on drawl of samples and ana- lysis of them. Thess reports are being consolidated and commented upon. Also a list of equipments necessary for drug testing laboratories has been communicated to the State Units and the State Governments have been requested to equip their laboratories accordingly. On 22nd February, 1986 a meeting of the State Health Ministers was beld exclusively to discuss matters relating to Smplementallon of Drues and Cosmetics Act arid the P.F.A. Act. At thf meeting.' th*

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Health and Family Welfare Minister urged the State Health Ministers to strengthen the drug control mechinery with the object of putting dovim production, distribution and sale of substandard and spurious drugs.

Drugs for Health Cave

@2453-C. DR. R. K. PODDAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state,-

(a) whether it is a fact that according *o a World Health Organisation proclamation only 200 drugs were enough for health care in a country;

(b) If so, whether Government concurs with the view of the WHO;

(c) if not, the reasons therefor; and

(d) ihe number of drugs in circula tion in the country at present?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR): (a) The WHO Expert Committee on selection of Essential Drugs in series 722 of 1985 has indicated aboui 285 basic drugs and about 358 single ingredient formulations which are considered as most needed for the.health care of the population.

(b) and (c). As per W.H.O, such a model list should be understood as a tentative identification of "Common care" of basic needs. This list, however, does not cover ail the local needs of each country. Such a list has to be modified by the health authorities of each country taking into account changing priorities in the field of public health and epidemiological conditions as well as progress made in the field of Therapeutics.

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So far as India is concerned a list of essential drugs which are required for use in the Primary Health Centres as well as by the Community Heslth Guide has been prepared. This list of drugs used in these Centres is even more restrictive 'han that indicated in the WHO list.

(d> As the State Drug Control Authorities are the licensing authorities for the grant of permission io manufacture and market the drug formulations in the country, it would not be possible for us to indicate the exact number of drug formulations that are in circulation in the count ry at present.

Production ot" Harmful drugs

@ ©2453-D. SHEI RAMACHANDRA BHARDWAJ: Will the Minister of HEALTH AND FAMILY' WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the PTI report dated December 14, 1985, quoting the Bangladeshi Magsasay Award winner Dr. Zafarulla Choudhary to the effect that more than 10,000 of the 15,000 basic drugs produced in India were worthless and that nearly 40 per cent of them were either harmful or potentially harmful; and

(b) if so, what specific steps have been taken or are being taken to standardise the drugs and to prevent the manufacture of illicit drugs?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR): (a) No, Sir. It is not a fact that more than 66 per cent of the basic drugs produced in India are worthless and nearly 40 per cenl of them are either harmful or potentially harmful.

(b) Does not arise.

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